## NOTICE OF TERMINATION OF BUSINESS COLLECTION AGENCY

Please complete and submit this form to the following address:

Collection Agencies Program
Department of Commerce and Consumer Affairs
PVL Licensing Branch
P. O. Box 3469
Honolulu, Hawaii 96801

If you prefer, you may submit a statement which addresses each question on this form. The letter must also certify that the statements and information contained in the letter and any documents attached are true and correct.

This form, or a statement, must be submitted <u>no less</u> than sixty (60) days before a collection agency terminates its business operations.

1.	Name of registrant:				Registration No.:
2.	Hawaii address and phone number:				
3.	Principal Collector or person in this state who is responsible for		-	-	
4.	Is it a fact that the registrant intends to terminate?	[	] \	⁄es	[ ] No
5.	The effective date of termination:				
6.	Will the registrant lawfully expend or disburse all funds accept [ ] Yes [ ] No	ed by	the	registr	ant prior to termination?
7.	Does the terminating registrant expect to transfer its clients' accounts to another collection agency?  [ ] Yes				
	If answer is yes, answer 8 and 9.				
8.	What is the purchasing agency's name, (HI) address, (HI) telethis state.?	ephon	e nu	mber,	(HI) registration number, and principal collector in
9.	What is the effective date of conducting collection agency bus	iness	by t	he pur	chaser?
	Registration is not canceled until the director has received this notice of termination, the terminating collection agency's registration, and if applicable, verified the validity of the purchasing collection agency's registration.				
Affi	davit of Registrant:				
cor	I hereby certify that the statements and information containe rect. I understand that misrepresentation is grounds for discipling				
	Signa	ature <sub>.</sub>		(F	rincipal Collector or Responsible Party)